

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-032166**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 312

Primary Registration District No. 4409

Registrar's No. 56

**FILED SEP 12 1962**

1. PLACE OF DEATH

a. COUNTY **St. Clair**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Upps Camp**

Length of stay in lb  
**2das**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**75II E.IIOth**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last  
**William Peleg Lake**

4. DATE OF DEATH  
Month Day Year  
**8 26 1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**8/21/1881**

9. AGE (last birthday)  
**81**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Carpenter**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**St. Marys Kans.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Fred Lake**

13b. MOTHER'S MAIDEN NAME

**Ida Cessma**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT  
**Mrs. Grant Peterson** Address **75II E.IIOth K.C. Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary occlusion**

INTERVAL BETWEEN ONSET AND DEATH

**sudden**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**History of previous attacks**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **10:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
**8/27/62**

23c. NAME OF CEMETERY OR CREMATORY  
**Memorial Park Cemetery**

23d. LOCATION (City, town, or county) (State)  
**Kansas City Kansas**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Goodrich Funeral Home, Osceola Mo**

**8/29-62**

**Paul Seewers**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

**6930**  
**27000**

**3**

**4 0**

**5 2**

**6**

**7 1**

**8 0**

**9420.1**

**10**

**11**

**1270-8**

**132-0**

JAN 3 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul D. Stanton

Licensed Embalmer No. 3990

P. O. Address Osceola Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.